

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007907

FILED
Apr 15, 2009
Secretary of State

Entity Name: AWESTRUCK MINISTRIES, INC.

Current Principal Place of Business:

1345 MARIPOSA CIRCLE # 104
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

PO BOX 112404
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-0099020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, BYRON H
1345 MARIPOSA CIRCLE # 104
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: COBB, BYRON H
Address: 1345 MARIPOSA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: SMITH, ALFRED
Address: 6070 CEDAR TREE LANE
City-St-Zip: NAPLES, FL 34116

Title: VTD () Delete
Name: KEEN, CHARLES
Address: 15858 DE LA PLATA LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. BYRON H COBB

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date